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_andidate's Name (print)	Office	District (if applicable)

Contributions in Excess of \$100 or, When Added Together Exceed of \$100

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Candidate's Name (print)

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Contributions of \$100 or Less

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PAGE ____OF___

Candidate's Name (print)

Office

District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	400
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	Н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

PAGE _____ OF ____

Harold Haron state senste #2

andidate's Name (print)

Office

District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
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Candidate's Name (print) Office District (if applicable)

Expenses of \$100 or Less

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